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CONFIRMATION NO. 2402

SERIAL NUMBER 10/647,587	FILING DATE 08/26/2003 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 8932-825-999
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/915,572 07/27/2001 PAT 6,610,063 *7L*
 which claims benefit of 60/221,518 07/28/2000

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

51832
 JONES DAY
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TITLE

Spinal fixation system

FILING FEE

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 804</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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